

YEAR

Seller is a non-grantor trust.

CALIFORNIA FORM

**2007 Real Estate Withholding Tax Statement****593-B**

Attach to Form 593, Real Estate Withholding Remittance Statement

**Copy A FOR FRANCHISE TAX BOARD****Part I Withholding Agent (Payer/Sender)** Check one: ☒ Escrow/Title Company ☐ Accommodator/Intermediary ☐ Buyer

Name, Mailing Address, (number and street, PO Box, rural route, Apt. no., suite, room, or PMB no.), City, State, and ZIP Code

All Right Escrow  
1234 Main Street  
Anytown, CA 95000☒ FEIN ☐ CA Corp. No.

99-1100000

SSN or ITIN

**Seller or Transferor (Complete one 593-B for each seller, unless husband and wife)**

Name, Mailing Address, (number and street, PO Box, rural route, Apt. no., suite, room, or PMB no.), City, State, and ZIP Code

Rich Irrevocable Trust  
111 Gold Rush Drive  
Mt. Niner, CA 91110

When the seller is a non-grantor trust, enter the trust's name and Federal Employer Identification Number (FEIN). Do not include trustee information.

SSN or ITIN

Spouse's SSN or ITIN (if jointly owned)

☒ FEIN ☐ CA Corp. No.

91-1111111

**Escrow or Exchange Information**

1 Escrow or Exchange Number <b>776611P</b>	2 Date of Transfer, Exchange Completion, Exchange Failure, or Installment Payment <b>04/25/2007</b>	3 Total Sales Price \$ <b>750,000.00</b>	4 Ownership Percentage <b>100</b> %
5 Address (or parcel number and county) of the California real property transferred <b>123 Beach Drive Breakers Beach, CA 91010</b>	6 Withholding Method Selected Check one: <input type="checkbox"/> Total Sales Price (complete box 7a and 7b, skip box 8 and 9) <input checked="" type="checkbox"/> Alternative Election (skip box 7a and 7b, complete box 8 and/or 9)	7a Amount Subject to Withholding (Total Sales Price) \$ _____ Check One: <input type="checkbox"/> Total Sales Price x Ownership % <input type="checkbox"/> Installment Sale Payment <input type="checkbox"/> Boot <input type="checkbox"/> Failed Exchange (Total Sales Price x Ownership %) <input type="checkbox"/> Failed Exchange (Less Boot at Sale)	
7b Amount Withheld From This Seller (Total Sales Price) \$ _____ (.0333 x Amount subject to withholding from box 7a)	8 Amount Withheld From This Seller (Alternative Election) \$ <b>18,600.00</b> Enter the amount from Form 593-E, line 17. Check One (see instructions): <input checked="" type="checkbox"/> 9.3% Individual <input type="checkbox"/> 8.84% Corporation <input type="checkbox"/> 10.84% Bank and Financial Corporation <input type="checkbox"/> 1.5% S Corporation <input type="checkbox"/> 3.5% Financial S Corporation	9 Installment Withholding Percent _____% (Percent from Box 9 instructions) <b>Apply this percent to all installment payments.</b>	

Signature required if this box is checked.

Preparer: Name and Title (please type or print)

Pete Perfect, Escrow Officer

Telephone Number

(888) 555-2121

**Part II Election and Certification of Seller or Transferor (Complete and Sign if you elect the Alternative Withholding Amount and you checked "Alternative Election" in box 6 and completed box 8 and/or 9.)**

Title and escrow persons and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Transferors are strongly encouraged to consult with a competent tax professional for this purpose.

Under penalties of perjury, I elect the alternative withholding and hereby certify that the information provided above is, to the best of my knowledge, true and correct. I understand that the Franchise Tax Board may review relevant escrow documents to ensure withholding compliance.

Seller's name (type or print) **Robert Rich**Seller's signature *Robert Rich*Date: **4/28/2007**

Spouse's name (if jointly owned) \_\_\_\_\_

Spouse's signature (if jointly owned) \_\_\_\_\_

Date: \_\_\_\_\_